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CONFIRMATION NO. 7280

<b>SERIAL NUMBER</b> 10/774,157	<b>FILING OR 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> PC888.00/31132.123
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## APPLICANTS

Lukas Eisermann, Memphis, TN;  
Tai Friesem, Ingleby, UNITED KINGDOM;  
Jean-Charles LeHuec, Pessac, FRANCE;  
Mingyan Liu, Bourg la Reine, FRANCE;  
Jeffrey Zhang, Collierville, TN;  
Thomas Zdeblick, Middleton, WI;  
Hallet Matthews, Williamsburg, VA;  
Loic Josse, Paris, FRANCE;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/446,963 02/12/2003

YES per.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

46333

## TITLE

Articular disc prosthesis for anterior-oblique insertion

<b>FILING FEE RECEIVED</b> 1220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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